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## UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor Gordon K. Dennis

PROTECTIVE COVER FOR LOCKING DEVICES Title

**HMC-130US** 

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

EV333298205US Express Mail Label No.

See MPEP o		ICATION ELEMENTS eming utility patent application contents.	ADDRESS TO:	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
1.			Computer Progr  8. Nucleotide and/or Ar (if applicable, all ne a.	7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. ☐ Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. ☐ CD-ROM or CD-R (2 copies); or  ii. ☐ paper  c. ☐ Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. ☒ Assignment Papers (cover sheet & document(s))  10. ☐ 37 C.F.R.§3.73(b) Statement ☐ Power of (when there is an assignee) Attorney  11. ☐ English Translation Document (if applicable)  12. ☒ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations  13. ☐ Preliminary Amendment  14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) Of prior application No: Of prior app									
			NDENCE ADDRESS						
		ustomer Number 31344	OR 🗆 C	OR Correspondence address below					
Momo	Kevin W. Gold	dstein							
Name	RatnerPrestia								
A -1-1	1007 Orange	1007 Orange Street, Suite 1100							
Address	P.O. Box 1596								
City	Wilmington	State	DE Zit	Code	19899				
Country	US	/ Mephone	302-778-2500	Fax	302-778-2600				
Name (Prin	nt/Type)	Kevin W/Goldsteh/	Registration No. (Attorney)	<del></del>	34,608				
Signature		4 11/1		Date	November 19, 2003				

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FEE TRANSMITTAL				Complete if Kn wn						
			Appli	Application Number Unknown						
for FY 2004				Filing Date Nov		rember 19, 2003				
Effective 10/01/2003. Patent fees are subject to annual revision.				First Named Inventor Go		Gore	rdon K. Dennis			
Applicant deline amell antity status Con 27 CER 4 27				Examiner Name Un		Unk	ıknown			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit Uni			known			
TOTAL AMOUNT OF PAYMENT (\$) \$896.00				Attorney Docket No. HMC-130US						
		555 041 041 057 041								
METHO		FEE CALCULATION (continued)								
☐ Check ☐ Credit Card ☐ Money ☐ Other ☐ None Order				3. ADDITIONAL FEES Large Entity Small Entity						
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Deposit Account 18-0350		1051	130	2051		Surcharge - late filin	•			
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The Commissioner is authorized to: (check all that apply)				2,520			For filing a request for e			
□ Charge fee(s) indicated below     □ Credit any overpayments     □ Charge any additional fee     □ Charge fee(s) indicated below, except for the filling fee to the				920*	1804		Requesting publicati Examiner action	ion of SIR prior to		
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	nall Entity	December	1254	1,480	2254	740 I	Extension for reply v	within fourth month		
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1001 770 200		ty filing fee \$770	1401	330	2401	165	Notice of Appeal			
1002 340 200 1003 530 200		ign filing fee nt filing fee	1402	330	2402	165	Filing a brief in supp	ort of an appeal		
1004 750 200		ssue filing fee	1403	290	2403	145	Request for oral hea	aring		
1005 160 200	05 80 Prov	visional filling fee	1451	1,510				public use proceeding		
SUBTOTAL (1) (\$)			1452	110	2452		Petition to revive – u			
\$770.00				1,330	2453			etition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from Fee			1501 1502	1,330 480	2501 2502		Utility issue fee (or r Design issue fee	eissue)		
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1200 10 2		application								
SURTOTAL (2) (\$) 86					Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40					
**or number previous	**or number previously paid, if greater, For Reiss feet, see above									
SORWILLED BA										
Name (Print/Type) Kevin V. Goylisten Registration No. Attorney/Agent) 34,608 Telephone 302-778-2500										
Signature	11.4	111					Date	November 19, 2003		

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	Docket No. HMC-130US		
Examiner	Group Art Unit		
Unknown	Unknown		

## I hereby certify that the following correspondence:

Utility Transmittal Form - 1 page

Fee Transmittal Form - 1 page

Declaration and Power of Attorney - 2 pages

Information Disclosure 1449 Form - 1 page

Assignment and Assignment Recordation Form - 3 pages

Specificiation - 14 pages

Drawing Sheets - 5 pages

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